Specifications for Shower

**HULL CITY COUNCIL**

All specifications on this form are necessary and appropriate to meet assessed needs

This form must be completed and attached to the relevant recommendation form

(Adaptations to Council Dwelling / Disabled Facilities Grant)

on Liquid Logic and both forms emailed to Private Housing or Housing Adaptations Team

**Details**

|  |  |
| --- | --- |
| Customer name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact details: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weight: |  | kg | OR |  | st |  | lbs |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Height: |  | cm | OR |  | ft |  | inches |

Cognitive impairment Yes  No

Positive risk assessment Yes  No

Capacity Yes  No

Best interest decision Yes  No

**Design considerations for cognitive impairment – colours of floor / tiles etc**

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|  |

**SHOWER DETAILS**

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| ***NB*** Most (Council) multi floor flats cannot have level access tray. If property is a flat above the ground floor please check with Housing Adaptations Team before specifying shower type. |

**Shower Type**

Level access / wet area

Low access (for multi storey flats only)

**Size Required** *please indicate minimum necessary*

900 mm x 900 mm

800 mm x 1300 mm

900 mm x 1400 mm

1200 mm x1200 mm

1000 mm x 1000 mm

Bespoke  mm x mm

**Seating** *hip width*  *cms*

Standard Wall fixed seat

Wall fixed seat with arms

Bariatric seat required

None  *equipment to be provided by recommending OT*

**Controls**

Standard dial thermostat with push button start

Bespoke

**Sliding Bar** *seated / standing use height 900mm from floor*

Seated use

Standing

**Grab Rails** *please refer to grab rail booklet*

Horizontal  Ref 1  Ref 2  Ref 3

Vertical  Ref 1  Ref 2  Ref 3

Shower Hose  1500 mm  2000 mm

Half height carer screens  Yes  No

Contrasting colour required  Yes  No

**Additional Information**

|  |
| --- |
|  |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Contact Number: |  | Ext.: |  | Date: |  |

**Approval by Social Services OT (for social services OT approver use only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Contact Number: |  | Ext.: |  | Date: |  |